# COMBAT HEALTH LOGISTICS IN A THEATER OF OPERATIONS TACTICS, TECHNIQUES, AND PROCEDURES

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# **PREFACE**

This publication sets forth tactics, techniques, and procedures for the combat health logistics system (CHLS) in a theater of operations (TO). It embodies doctrine based on Medical Force 2000 (MF2K). It is designed for use by combat health logisticians and medical commanders and staffs; combat service support (CSS) commanders and their staffs; and logisticians of other military Services.

The organizational structures presented in this publication reflect those established in the living table(s) of organization and equipment (LTOE) in effect as of this publication date.

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 (or facsimile) directly to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, Fort Sam Houston, Texas 78234-6175.

This publication implements the following North Atlantic Treaty Organization (NATO) International Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs):

NATO STANAG	ABCA QSTAG	TITLE
	815	Blood Supply in the Area of Operations
2068 Med	322	Emergency War Surgery (Edition 4) (Amendment 3)
2961		Classes of Supply for NATO Land Forces

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

#### CHAPTER 1

# INTRODUCTION TO COMBAT HEALTH LOGISTICS

#### 1-1. General

This chapter provides an overview of the combat health support (CHS) system and the functional area of combat health logistics. It provides the basis to enhance the understanding of the remaining chapters of this publication which are devoted to the CHLS.

# 1-2. Scope of Combat Health Support Operations

- a. Today's Army must focus on preventing aggression through strength with a smaller force primarily based in the continental United States (CONUS). Future battlefields will be established based upon regional conflicts, most likely in areas where there are not forward deployed US Forces. Combat health support assets of the Army Medical Department (AMEDD) must be tailorable for specific missions to support the Army's role of force projection in deterring the threat of global war and future uncertainties.
- *b.* Combat health support will be required for US military forces in three diverse environments—
- (1) *Peacetime*. In this environment, the US attempts to influence world events through actions which routinely occur between nations. Use of Army forces in peacetime helps keep the day-to-day tensions between nations below the threshold of conflict. The execution of military operations will be consistent with the peacetime limitations imposed by legislation, departmental policy or regulations, budgetary considerations, local conditions, and other specific conditions prescribed by the Secretary of Defense (SECDEF) or the Chairman of the Joint Chiefs of Staff. Typical peacetime operations include, but are not limited to—

- Disaster relief.
- Nation assistance.
- Security and advisory

assistance.

- Counterdrug operations.
- Arms control.
- Support to domestic civil

authorities.

- Peacekeeping.
- Humanitarian assistance

and disaster relief.

- Noncombatant evacuation.
- (2) Conflict. This type of environment is characterized by confrontation and the need to engage in hostilities short of war to secure strategic objectives. Operations are normally undertaken to avert crisis after a catastrophic event or in support of diplomatic initiatives.

#### **NOTE**

The Army classifies its activities during peacetime and conflict as *operations other than war* (OOTW).

(3) War. This is the most violent and high-risk environment with its associated combat operations. This environment may be further referred to as three levels—strategic, operational, and tactical.

For a detailed discussion on military operations, refer to Field Manual (FM) 100-5.